

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO

09/720932

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	4					
TOTAL DEP.	25	◀	◀	◀	◀	◀
TOTAL CLAIMS	29	◀	◀	◀	◀	◀

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS		◀	◀	◀	◀	◀

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS